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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	6	↔	↔	↔	↔	↔
TOTAL CLAIMS	8					

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IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			